2015 MINOR HOME REPAIR & PAINT PROGRAM APPLICATION

Please complete and deliver this application to the Housing Department, 5513 Abercorn Street or mail this application to Housing Department, City of Savannah, P. O. Box 1027, Savannah, GA 31402.

Applications received will be listed on the 2015 Database.

House Address			_ZIP	Neigh	borhood
Selephone #	_(Cell #)		Nı	umber of years at	Address above
Is there a child 6 years of age week at this residence?					
Repairs Desired: [] Roof [] Ext	erior Paint [] Other			
Do you have a mortgage on home	e?[]Yes [] No Mortgag	ge Com	pany	
Is Your House [] One-Story	[] Two-Stor	ry Do you ha	ave a M	etal Roof []	Yes [] No
Marital Status: [] Married [] S	Separated []	l Unmarried. W	idowed.	Divorced	Birthdate:
	-				Birthdate:
	-				
Have you executed a power of a List all persons, beginning with y annual income (employment or be	attorney for sourself, who length income	someone to act live in your hou); the income so	on yourse; their	r behalf? age; their relation e. employment, S	nship to you; their gros S, SSI, pension; etc.);
Marital Status: [] Married [] S Have you executed a power of a List all persons, beginning with y annual income (employment or be their social security number.	ourself, who lenefit income	someone to act live in your hou); the income so d Size SELF \$_	on yourse; their ource (i.e. Veta	r behalf? age; their relation e. employment, Seran or Spouse of	nship to you; their gros S, SSI, pension; etc.); a of Veteran [] Yes []
Have you executed a power of a List all persons, beginning with y annual income (employment or be	attorney for sourself, who length income	live in your hou); the income so d Size SELF \$	on yourse; their ource (i Veta	r behalf? age; their relation e. employment, Seran or Spouse of	nship to you; their gros S, SSI, pension; etc.);
Have you executed a power of a List all persons, beginning with y annual income (employment or be their social security number. To	ourself, who lenefit income	someone to act live in your hou); the income so d Size SELF \$_	on yourse; their ource (i Veta	r behalf? age; their relation e. employment, Seran or Spouse of	nship to you; their gros S, SSI, pension; etc.); a of Veteran [] Yes []
Have you executed a power of a List all persons, beginning with y annual income (employment or be their social security number. To Applicant Name	nattorney for some sourself, who benefit income tal Household Age	live in your hou); the income so d Size SELF Inc. \$	on yourse; their ource (i.e. Veto	r behalf? r age; their relatione. employment, Seran or Spouse of Source Income	nship to you; their gross, SSI, pension; etc.); of Veteran [] Yes []
Have you executed a power of a List all persons, beginning with y annual income (employment or be their social security number. To Applicant Name Name of family member	ourself, who lenefit income tal Househole Age Age	someone to act live in your hou); the income so d Size SELF Inc Relationship Inc \$	on yourse; their ource (i Veto	r behalf?	nship to you; their gross, SSI, pension; etc.); of Veteran [] Yes [] Social Security # Social Security #

- Certify that with this application I received the pamphlet entitled
 - "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME"
- Certify that all information reported in and submitted with this Application is true and correct. *The undersigned applicant(s) understand that it is against the law to knowingly present false information on this application*.
- Authorize the Housing Department of the City of Savannah to verify this information, to include but not limited to obtaining and reviewing my/our credit report(s).
- Have read and understood the "General Information" section of this application that is listed on the next page.

]	hereby certify that I am: (YOU MUST INITIAL ONE) US Citizen /or/legal alien
A P P L	Applicants Signature
I C	Date
A N T	Demographic Information Optional (Circle appropriate choices on each line) Race: Black/White/American Indian/Asian/Other Sex: Male/Female Hispanic /non-Hispanic
	mopune /non mopune

1	nereby certify that I am: (YOU MUST INITIAL ONE)
-	US Citizen /or/legal alien
C	
O	
A	Applicants Signature
P	
P	
L	Date
I	
C	Demographic Information Optional
Α	(Circle appropriate choices on each line)
N	Race: Black/White/American Indian/Asian/Other
Т	Sex: Male/Female
	Hispanic /non-Hispanic

DON'T FORGET TO...

- Attach a copy of your <u>deed</u> showing that you own or are purchasing the house
- Attach a copy of <u>current income</u>: (2) recent paycheck stubs, SSI and/or <u>SSA income verification</u> <u>letter</u>, Pension checks or letter, and all <u>income for all household members</u>
- Attach a current copy of Paid 2014 City & County Taxes Receipts
- Attach a copy of <u>Picture Identification</u> of applicant &/or co-applicant
- Sign and return the attached Notification Letter indicating receipt of the pamphlet entitled "Protect Your Family from Lead in Your Home"

Failure to provide this information can result in application processing delay and/or denial!!!

2015 MINOR HOME REPAIR & PAINT PROGRAM General Information

1. Homeowner household income must be at or below limits shown in table below. Household refers to the number of persons living in the house.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$32,750	\$37,450	\$42,100	\$46,800	\$50,550	\$54,300	\$58,100	\$61,800

As of December 18, 2013

- 2. Homeowners must own (or be purchasing) and occupy the house that is being repaired.
- 3. House must be safe and manageable for volunteers to work on. Volunteer organizations are responsible for selecting houses from a pool of program applicants.
- 4. Repairs are generally limited to basic home improvements and painting that can be accomplished by unskilled and semi-skilled volunteers. Not all of the improvements desired by the homeowner may be able to be accomplished.
- 5. Homeowners must release volunteer organizations and the City of Savannah from any and all liability associated with work performed on the house.
- 6. Priority will be given to houses located in the following neighborhoods:

Benjamin Van Clark Park Cann Park Carver Heights
Cuyler/Brownsville East Savannah Eastside
Feiler Park Hudson Hill Jackson Park
Live Oak Metropolitan Ogeecheeton
Twickenham West Savannah Woodville/Bartow

- 7. Priority will also be given to the elderly, disabled and first time participants.
- 8. Priority will be given to exterior improvements although some interior improvements may be possible.
- 9. Volunteer groups estimate they will be able to make repairs to about **100 houses**.
- 10. Completing the application does not guarantee that an application will be approved and a house selected. Applications will be reviewed on a first-submitted first-reviewed basis. Applicants will be required to submit proof of household income, proof of ownership, and evidence that City and County taxes have been paid.
- 11. Homeowners will be notified by the Housing Department whether or not their house has been selected by a volunteer group. They will also be notified of any improvements that would have to be made to the house in order for the volunteers to make their improvements. Some advance work may have to be performed on the house by a professional contractor(s) hired by the homeowner in order to get the house into a condition that permits the volunteers to perform their work. The Housing Department may be able to help finance some of this work.

Thank you for showing interest in the

2015 MINOR HOME REPAIR & PAINTING PROGRAM

City of Savannah Bureau of Public Development
Department of Housing
Construction Services Division
5513 Abercorn Street
Savannah, Georgia
912-651-6517

912-351-3535 or (912) 525-1756 FAX www.savannahga.gov

Rev: 08/14

U.S. Department of Housing and Urban Development U.S. Environmental Protection Agency U.S. Consumer Product Safety Commission

Notification

To: Owners, Tenants & Purchasers
Of Housing Constructed **before 1978**

Of Housing Constructed before	1978
	Protect Your Family from Lead in Your Home
	Defore 1978 , there is a possibility it contains lead-based paint. The more information about lead-based paint.
I have received a copy of the pamp	ohlet entitled, "Protect Your Family from Lead in Your Home".
Date	
Print Full Name of Homeowner	
Signature of Homeowner	